Group Home Task Force Report Card Subcommittee
Wednesday, August 6, 2008
Notes

## ATTENDEES

Jack Altfather, Department of Human Resources (DHR)
Sheryl Brissett-Chapman, National Center for Children and Families (NCCF)
Carmen Brown, DHR, Office of Licensing and Monitoring
William Dorrill, DHMH, Office of Health Care Quality

## ABSENT

Ezra Buchdahl, Catholic Charities
Barbara DiPietro, Department of Health and Mental Hygiene (DHMH)
Kevin Drumheller, Mosaic Community Services, Inc.
Mark Grover, Maryland Sheriffs' Youth Ranch (MSYR)
Frank Kros, The Children's Guild
Agnes Leshner, Montgomery County Health and Human Services
Mark Luckner, Governor's Office
Senator Anthony Muse

**Guests:**
Jim McComb, Maryland Association of Resources for Families and Youth (MARFY)

### 1. Review of the Charge to the Group Home Task Force Report Card Subcommittee

Carmen Brown indicated the charge is to develop a template of the items on the report card that agencies would be using, and determine what measures would be utilized. Jim McComb suggested defining a global objective and then developing the criteria, e.g., children are safe and service needs are met. Usefulness of the program is based on the outcomes that are achieved for children and the extent to which children benefit. All indicators should hinge on the safety of children and on meeting their needs. Jack Altfather asked about accessing information on the Child and Family Services Agency (CFSA) outcomes as reported by private agencies.

**ACTION:** The Subcommittee will review the New York City scorecard as well as review how private agencies report on Child and Family Service Agency outcomes in the District of Columbia. Margie Heald will also be contacted to further review the nursing home model.

### 2. Abbreviated Literature Review on Group Homes Outcomes

Sheryl Brissett-Chapman presented a preliminary summary of the literature indicating the inability of researchers to capture the efficacy of group homes and their impact on children placed in residential facilities. She recommended that the group avoid being

"trendy" in setting up recommendations for the report card. (See attached annotated bibliography.)

**ACTION:** Sheryl Brissett-Chapman to provide bibliography/references on literature and to continue to upgrade with new information. Subcommittee members will review literature and bring additional reference information to the next meeting.

**3. Identification of Relevant State Models for Measuring Group Homes Outcomes**
*See Item #1*

**4. Current Status of Outcomes System for Group Homes Implemented July 1**

Sheryl Brissett-Chapman asked if anyone is aware of challenges regarding the newly implemented Children's Services Outcomes Measurement System (CSOMS). She identified some issues and asked for validation/rejection by subcommittee members. The following areas were discussed:

- **access and cost of timely training**
- **failure rate of certification**
- **time management of data entry**
- **confidentiality barriers**
- **mediating differences in provider profiles of youth**
- **generating reports at agency levels**

Carmen Brown suggested that the CSOMS concerns be directed to Shelley Tinney at GOC who is the GOC staff person leading the outcomes system workgroup. Then the workgroup can address any concerns. Other questions during the meeting were: If these measures are being captured, with what consistency are providers using them? What is the process for getting data out of the system? What do we want to do, and what is the accountability vehicle? Can data being collected by CSOMS also be used for the Group Home Report Card, or do we need additional data, or a different analysis?

**5. Next Steps – Identifying Tasks and Times**

Next meeting date: September 3, 4, or 10, 11:00 a.m. to 12:30 p.m., to be determined by subcommittee consensus.

**Attachments:**

- Literature Review
- CSOMS Summary
- To access private agencies report on Child and Family Service Agency outcomes in the District of Columbia, go to www.cfsa.dc.gov then CFSA Reports and Assessments then Performance Scorecards (listed by month).

# Literature Review on Group Home Outcomes

## 1.) Residential Care in Illinois: Trends and Alternatives, Chapin Hall Center for Children at the University of Chicago, Budde et al., 2004

The study analyses were grounded in a *continuum-of-care* perspective in which residential care is viewed within the context of an array of service options, and youth's experiences in residential care are put in the historical context of their pre-residential and post-residential care experiences. Findings: 1) Between 1995 and 2003, the percentage of youth (age 12 and older) in residential care declined from 26% to 15%. 2) The character of the population entering residential care shifted for the first time with an increasing concentration of highly troubled and traumatized youth, i.e. youth with multiple placement disruptions and failures, long stays in foster care, lack of permanent home before entering residential care. 3) Residential placement was used as last resort after all other placement and therapeutic options failed. 4) Residential care decision-making had narrow focus, resulting in excessive time for workers to navigate system, youth and other key people not involved, and no systemic feedback on the outcomes of the decisions. 4) Over 40% of youth leaving care experienced negative discharges, i.e., psychiatric hospital, detention, running away, or another residential placement between 1995 -2002. 5) Multivariate analyses showed that the higher level of negative discharge outcomes between 2002 and 2003 (59%) compared to 1995 (45%) was due to the changing characteristics and considerable mental health and placement needs of the youth entering residential care. 6) Youth with positive discharge outcomes (moving into foster care or returning home) were often unable to stay in less-restrictive settings. 51% in foster care returned to higher level of care; 31% (home, adoption, subsidized guardianship) eventually returned to higher levels of care.

Repeated foster care placements and placement instability influenced subsequent outcomes in residential care. Gender has an impact due to the increased likelihood boys will act out, rather than internalize problems. Child neglect has long-term effects, which may be overlooked. For some youth, shorter stays have negative consequences. African Americans are more likely to go into foster care than reunification, adoption, or subsidized guardianship.

## 2) Juvenile Delinquency in Child Welfare: Investigating Group Home Effects, Ryan, et al.

Group homes fall into the broad category of residential care, including halfway homes, campus-based homes, emergency shelters, self-contained settings, and staff secured settings. In general, residential care represents an option of last resort. The results indicate that the relative risk of delinquency is approximately two and one half times greater for adolescents with at least one group home placement as compared with youth

in foster care settings. The researchers raise questions about the use of group homes for victims of physical abuse and neglect.

Within the child welfare system, 11% of placements are in group homes (2001). Group home residents are older, more likely to be male, minority, experience a range of socio-emotional and behavioral problems, and more likely to have prior involvement with the juvenile justice system. (1987-2001). Placement instability is a key factor, with youth moving up the continuum. Foster parents often unwilling/unable to maintain the placement (76% of reasons for placement disruptions, Zinn et al, 2006) and 28% of the time, they could not tolerate the child's behavioral or emotional problems. Frequent placement changes within the child welfare system significantly increase the risk of delinquency.

The authors argue that detaining youth in congregate residential settings with prolonged exposure to high risk peers, has the unintended effects of exacerbating deviance via positive social relationships. There is no evidence that group homes are anything other than unsafe, unable to support healthy development, unstable, and costly. They are associated with a range of negative outcomes. In this study, group home status, race, and gender have biggest impact on delinquency. Despite 26% of adolescents experiencing a group home placement, 40% were arrested while in a group home. Is this due to social contagion, self-selection, or organizational polices? In addition, the risk of arrest was 64% greater for African American youth in placement. Study limitations include reliance on administrative records, and reliance only on official arrests.

**3) Multiple Stakeholder Agreement on Desired Outcomes for Adolescents' Mental Health Services, Garland, et al, 2004**

This study (170 adolescents, ages 11 to 18) identified desired outcomes for adolescent mental health services according to various stakeholders – adolescents, parents, therapists- and examined agreement across these groups. Most common outcome agreed to across all stakeholders was to reduce anger and aggression. Almost two thirds of the triads did not agree on even one of the desired outcomes for the adolescent's treatment. Youths and therapists were each more likely than parents to report desired outcomes related to the family environment. Youths were the least likely to report desired outcomes related to youth symptom reduction. Youth's anxiety disorder was associated with significantly greater agreement, whereas therapist's cognitive-behavioral orientation was associated with significantly poorer agreement. A lack of consensus was found among key stakeholders, which may limit engagement in treatment.

**4) Children Referred to Residential Care: Reducing Multiple Placements, Managing Costs, and Improving Treatment Outcomes, Sunseri, et al.**

The study examined placement stability (planned discharge) among 8,933 children and adolescents. High level (intensive) residential programs achieve the greatest placement stability and that stability worsens as the level of care decreases. Children experiencing an unplanned discharge demonstrate a worsening of behavioral functioning. Although

there is a reluctance to place children into higher level residential facilities and children are generally required to fail lower level programs, study results indicate that when properly assessed and placed into the appropriate level of care at the outset, the majority of children exit the residential system altogether and return home or to home-like settings sooner and at a lower cost.

**5) The Role of Group Homes in the Child Welfare Continuum of Care, Baker and Calderon**

The study explores discharge destinations, length of stay, and reasons for the return to residential treatment for youth transferred from a RTC to a group home (60 boys). Results showed over half went to a lower level from the group home, and that the group home functioned as an intermediate level in the continuum of care. 20 went to a family, relative, or foster home and 16 went into a supervised independent living program, or were discharged to self. A subset exhibited emotional and behavioral problems and returned to the RTC. The author suggests that there are important public policy implications for understanding and enhancing the role of group homes in the continuum of care.

**6) Institutions vs. Foster Homes: The Empirical Base for a Century of Action, Barth, 2002**

This review considered four components of service outcomes: safety and well-being of children while in care, permanence/re-entry from care, long-term success of children in out of home care, and the costs of out of home care. 1) Children in group care may experience less chance of abuse and neglect, but also experience fewer interpersonal experiences which support their well-being. 2) Educational problems may be exacerbated due to limits with positive school experiences, including extra-curricular activities, and a lack of individualized academic attention. 3) There is little solid evidence about stability of placements in different types of placements. 4) Young adults who left group care are less successful, but more troubled youth are placed in this type of care. They have poor developmental skills because they were deprived of real life opportunities, which are needed for independent living. 5) Costs are 6-10 times higher than foster care and 2-3 times as high as treatment foster care.

Group care can provide services to more difficult to serve special groups of youth, i.e., youth who have previously run away and need a more remote or highly supervised setting; youth who are destructive or self-destructive; or youth who are transitioning home from a more restrictive setting may benefit from a family centered group setting until parental and community supports are put into place. Nevertheless, this author suggests that there is no need for large centralized emergency shelters or residential treatment centers for most children in the child welfare system.

**7) Residential Care: Some High Risk Youth Benefit, But More Study Needed, GAO Report, 1994**

Eighteen programs were visited and reviewed, and all reported positive outcomes for some youths, i.e., achieving certain educational or employment goals, avoiding illegal activity after completing the program. Few programs conducted rigorous evaluations to measure effectiveness or long-term outcomes. The following factors indicated that residential care is suited for addressing the needs of some at risk adolescents because 1) Providing comprehensive services, around the clock contact with clients, and services focused on individual needs ,can provide an effective treatment environment; 2) Removing clients from dangerous home and community influences can provide a safe setting for addressing their problem behaviors; and 3) Establishing a routine and discipline can bring order to what may have been fairly chaotic lives. The Report acknowledges that this is a restrictive form of care, can disrupt youths' attachments because it removes them from family and community, which is the setting to which treatment gains will have to transfer if positive outcomes are to be sustained after discharge, and is costly, considering not enough is known about the long term effectiveness of residential care, or where it best fits in the continuum of services, to determine under what circumstances it may be cost effective compared with other types of care such as community-based treatment.

Ten of the programs indicated that 50% or more of their program's youth exhibited all four of these behaviors: poor performance in school, delinquency, substance abuse, and early, unprotected sexual activity. Eleven key elements were identified for program success:

1) Developing Individual Treatment Plans
2) Participation of a Caring adult
3) Self-Esteem Building
4) Planning for Post-Program Life
5) Teaching Social, Coping, and Living Skills
6) Coordination of Services
7) Involving the Family
8) Positive Peer Culture
9) Enforcing a Strict Code of Discipline
10) Post-Program Support
11) Providing a Family-Like Atmosphere

The report urges funding for rigorous outcome studies to determine what kinds of programs work best for which youths, and the appropriate place of residential treatment on the service continuum.